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U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

MEDICAL EXAMINER'S CERTIFICATE
(for Commercial Driver Medical Certification)**CMV DRIVER CERTIFICATION**

I certify that I have examined (last name) Moyano (first name) Carlos in accordance with (please check only one):

☒ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) ☒

☐ the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply)

- ☒ Wearing corrective lenses ☐ Accompanied by a waiver/exemption (specify type): _____ ☐ Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- ☐ Wearing hearing aid ☐ Accompanied by a Skill Performance Evaluation (SPE) Certificate ☐ Qualified by operation of 49 CFR 391.64 (Federal)
- ☐ Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

Medical Examiner's Certificate Expiration Date

5/1/2024

MEDICAL EXAMINER INFORMATION

Medical Examiner's Signature

Maureen P. O'Connor D.C.

Medical Examiner's Name (please print or type)

MAUREEN P. O'CONNOR, D.C.

Medical Examiner's State License, Certificate, or Registration Number

3131-12

Medical Examiner's Telephone Number

(920) 490-0200

Date Certificate Signed

5/1/2023

☐ MD

☐ Physician Assistant

☐ Advanced Practice Nurse

☐ DO

☒ Chiropractor

☐ Other Practitioner (specify) _____

Issuing State

Wisconsin

National Registry Number

4857786787

CMV DRIVER INFORMATION

Driver's Signature

[Signature]

Driver's License Number

M500-116-69-325-0

Issuing State/Province

FL

Driver's Address

Street Address:

4651 SW 100th Ave City: Miami

State/Province:

FL



Zip Code:

33165

CLP/CDL Applicant/Holder

☒ Yes ☐ No



Search Medical Examiners

Miles

National Registry Number

Business Name

4857786787

First Name

Last Name

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 **Dr. Maureen O'Connor, D.C. (Doctor Of Chiropractic)**

 **Green Bay Chiropractic**

515 S. Military Ave Green Bay, WI 54303

 (920) 490-0200

 N/A [Directions](#)

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Military Ave
Military Ave

